

Residential Building Permit Application



All Projects (please print or type)		DATE	PROJECT # (assigned by city)
OCCUPANT	SUBMITTED BY		CONTACT PHONE
PROJECT ADDRESS		UNIT	CONTACT FAX
CITY	ZIP	COUNTY	KEY MAP #
TYPE OF STRUCTURE <input type="checkbox"/> SINGLE RESIDENCE <input type="checkbox"/> DUPLEX <input type="checkbox"/> CARPORT <input type="checkbox"/> GARAGE <input type="checkbox"/> POOL <input type="checkbox"/> FENCE OTHER _____			
SCOPE OF PROJECT (CHECK ONE) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL <input type="checkbox"/> FOUNDATION OTHER _____			
COST OF IMPROVEMENTS \$		# OF STORIES	

New Construction and/or Addition Only (increased square footage)

SUBDIVISION	BLOCK/LOT	TRACT	SQ FT ADDED
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Responsible Parties (as applicable)

OWNER (required)	ADDRESS	CITY	ZIP	PHONE
CONTRACTOR (required)	ADDRESS	CITY	ZIP	PHONE
ENGINEER	ADDRESS	CITY	ZIP	PHONE
ARCHITECT	ADDRESS	CITY	ZIP	PHONE
OTHER	ADDRESS	CITY	ZIP	PHONE
OTHER	ADDRESS	CITY	ZIP	PHONE

Other Remarks

Warning: The deed restrictions affidavit on the reverse side is a part of this application. Any false statement on it may result in criminal prosecution. The City will rely upon the representations in the affidavit in issuing the permit; the issuance of a permit does not authorize construction on, or use of, any property in violation of deed restrictions. Any misrepresentations on the affidavit will render the permit void.

PRINT NAME OF APPLICANT

APPLICANT SIGNATURE

APPLICANT IS ☐ OWNER ☐ AGENT (DOCUMENT DESIGNATING AGENT'S AUTHORITY MUST BE ATTACHED)